01952

422.2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

93d Reg. Dist. No. ~~200~~ 251

1. PLACE OF DEATH · COUNTY Queen Annes MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FREDRICK (Middle) WALLACE (Last) BOOKER			4. DATE OF DEATH (Month) Feb. (Day) 22 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1/3/1857	9. AGE last birthday 92 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter	10b. KIND OF BUSINESS OR INDUSTRY Painter		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Booker			14. MOTHER'S MAIDEN NAME Elizabeth Burns		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT Fred Stevens		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age

19a. DATE OF OPERATION NO	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) NO	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 12, 1949, to Feb 22, 1949, that I last saw the deceased alive on Feb 22, 1949, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C H Uftcalle	M.D.	Sudlersville Md	2/23/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/25/49	Sudlersville	Sudlersville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 23, 1949	Edward Fellows. Edgar Lane	Edward Fellows	Millington

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 4 1949
BUREAU V. S.

01953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

174

CERTIFICATE OF DEATH

48b

Reg. Dist. No. 251

1. PLACE OF DEATH · COUNTY: Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ingleside — LENGTH OF STAY (in this place): 20 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ingleside
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) Lillie	(Middle) Mae	(Last) Cannon	4. DATE OF DEATH	(Month) 2	(Day) 11	(Year) 1949
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 5/28/1894	9. AGE last birthday: 54 yrs.	If under 1 year: Months 8	Days 14	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Queen Anne County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: ? Schuyler	14. MOTHER'S MAIDEN NAME: Sadie Rollison						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Arthur Cannon					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of uterus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cachexia

(c) Extension to Bladder

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1946	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cervix	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify): No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Yes	(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): no m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ No	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to Feb 11, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 2.35 A m., from the causes and on the date stated above.

SIGNATURE: C H Upholtzer (Degree or title) M.D. — ADDRESS: Sudlersville Md — DATE SIGNED: 2/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 2/14/49	NAME OF CEMETERY OR CREMATORY: Sudlersville	LOCATION (City, town, or county) (State): Sudlersville, Md.
DATE REC'D BY LOCAL REG.: 2-12-49	REGISTRAR'S SIGNATURE: Edgar L. Lane	24. FUNERAL DIRECTOR: J.E. Boulais	ADDRESS: Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 4 1949
BUREAU V. S.

EVIDENCE FOR CORRECTION OF # 186 IS ON!

FILM No. G 119 MAR 28 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443 01954

CERTIFICATE OF DEATH 95c

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wye Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wye Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELMA (Middle) (Last) CHANCE

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 7-1874

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Queenstown Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hezekiah Morris

14. MOTHER'S MAIDEN NAME: Katherine Minner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Albertus Chance

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension (3/25/49 abt)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — Wye Mills. D.A. - Md

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to 4/11/49, that I last saw the deceased alive on 2-12-1949, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE W. H. McPherson (Degree or title) ADDRESS Centreville DATE SIGNED 2-16-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 16-49 — NAME OF CEMETERY OR CREMATORY: Chesterfield — LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG. 2-16-49 — REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Barton Bros — ADDRESS: Centreville Maryland

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

01955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

170

CERTIFICATE OF DEATH

50

Reg. Dist. No. 253

1. PLACE OF DEATH · COUNTY Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stevensville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stevensville
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print)	(First) LILLIE	(Middle) ARDELLA	(Last) DAVIS	4. DATE OF DEATH	(Month) Feb. (Day) 19 (Year) 1949
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 15-1880	9. AGE last birthday 68 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James Gusford		14. MOTHER'S MAIDEN NAME — Leverage			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Mrs. Rebecca Ruth			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of breast	about 2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) with Metastases in lungs	about 8 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Febr. 1948	19b. MAJOR FINDINGS OF OPERATION Scirrhus carcinoma of breast	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? — Th

22. I hereby certify that I attended the deceased from....., 19....., to Febr. 19, 1949, that I last saw the deceased alive on Febr. 19, 1949 and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Theodor Sattelmaier	M.D.	Stevensville	2/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 21-1949	NAME OF CEMETERY OR CREMATORY Stevensville	LOCATION (City, town, or county) Stevensville	(State) Md.
DATE REC'D BY LOCAL REG. Feb 25 - 1949	REGISTRAR'S SIGNATURE Elizabeth Hopter	24. FUNERAL DIRECTOR Edgar L. Lane	ADDRESS Church Hill	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 2 1949
BUREAU V. S.

Evidence for change of age is shown on

FILM No. G 119 MAR 18 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.2 93d

01956

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Q A Co

City or town: Mt Templeville Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All life

Hospital, institution, or street address where death occurred: W

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Rural Templeville (If outside city or town limits, write RURAL and give nearest town)

Street No.: None (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Mary Elizabeth Frazier

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Herbert Frazier

6.(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Oct 14, 1874

8. AGE: Years: ~~75~~ 74 Months: ~~[illegible]~~ 3 Days: 29 If less than one day: ..... hrs. ..... min.

9. Birthplace: Q A Co (Town, county, and state)

10. Usual occupation: H.W.

11. Industry or business: —

FATHER

12. Name: — Ashton

13. Birthplace: Talbot Co

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Edward Frazier

Address: Maryall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/16/49 (month) (day) (year)

Cemetery or crematory: Templeville

Location: Templeville Md.

18. Funeral director: J. E. Boulais

Address: Greensboro, Md.

19. Feb. 14 1949 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 13 1949 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1946 to Feb 13 1949 and that I last saw him alive on Feb 13 1949

Immediate cause of death: Acute Cardiac Dilatation — DURATION

Due to: Chronic Myocarditis

Due to: General Asthenia

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: C H Ufitcalfe M. D. or other

Address: Ludlow Md Date signed: 2/14/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 903.0

01957

CERTIFICATE OF DEATH 186a

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EMMA (Last) GIBSON

4. DATE OF DEATH: (Month) Feby (Day) 16 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 29-1859

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Queen Annes Co Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas J. Satterfield

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Straughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Grace G. Meredith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) She fell 7 months ago & fractured her hip.

(c) She has been in bed ever since & gradually failing.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): yes
PLACE (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Centreville - Queen Anne (COUNTY) (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 7-4-1948 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? She tripped over rug & fell.

22. I hereby certify that I attended the deceased from July, 1948, to Feb 16, 1949, that I last saw the deceased alive on Feb 13, 1949, and that death occurred at 6 30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Harvey Fisher - Centreville Md 2/17-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Feby 18-49
NAME OF CEMETERY OR CREMATORY: Chesterfield
LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG. 2-18-49
REGISTRAR'S SIGNATURE: Elsie Armstrong
24. FUNERAL DIRECTOR: Barton Bros. ADDRESS

RECEIVED
FEB 24 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

604 01958

CERTIFICATE OF DEATH

93e Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY: Queen Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Crumpton COUNTY: Q A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crumpton — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First) Fennel (Middle) C. (Last) McGinnes

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 15 1859

9. AGE last birthday: 89 yrs. If under 1 year: Months 9 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Q A Co

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: W. Howard McGinnes

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Nickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Esther McGinnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from Bladder, following Stone operation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis - Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1949

19b. MAJOR FINDINGS OF OPERATION: Stone in Bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☒ Not While at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 15, 1948, to Feb 23, 1949, that I last saw the deceased alive on Feb 23, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C H Whitecliffe — ADDRESS: Ruthvell, Md — DATE SIGNED: 2/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-26-49 — NAME OF CEMETERY OR CREMATORY: Crumpton — LOCATION (City, town, or county): Crumpton (State): Md.

DATE REC'D BY LOCAL REG.: 2-25-49 — REGISTRAR'S SIGNATURE: Edgar L. Lane — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01959

422.1

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 254

1. PLACE OF DEATH
COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Kingsville
MARYLAND
LENGTH OF STAY (in this place) 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Kingsville
STREET ADDRESS (If rural, give location) Perry Corner

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) M. (Last) STANNAHAN

4. DATE OF DEATH (Month) Feby (Day) 9 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 7-1869

9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Queen Annes Co Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Callahan

14. MOTHER'S MAIDEN NAME Susan A. Pinkard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT Amelia May Stannahan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — Interval between onset and death: 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Feb 4, 1949, that I last saw the deceased alive on Feb 4, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Crane MD — ADDRESS Queenstown — DATE SIGNED 2-9-49

23. BURIAL, CREMATION REMOVAL, (Specify) Burial — DATE Feb 11 '49 — NAME OF CEMETERY OR CREMATORY Perry's Corner — LOCATION (City, town, or County) (State) Harmonie Perry's Corner Md.

DATE REC'D BY LOCAL REG. Feb 9 '49 — REGISTRAR'S SIGNATURE H. M. Aldridge — 24. FUNERAL DIRECTOR — ADDRESS Barton Bros Centreville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 15 1949
BUREAU V. S.

01960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 422.1

CERTIFICATE OF DEATH 93d

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Starkey's Corner — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Rural - Starkey's Corner

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Samuel	James	Starkey	Feb.	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	W.	Oct. 12, 1872	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel P. Starkey	Mary Meredith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Carl Starkey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Marine Pulmonary Embolism	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Gangrene Rt Leg - Dry	Prior
	(c) Arteriosclerotic Cardiac Vascular Disease with Cardiac Failure + Senility	8 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	no			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While at Work ☐	HOW DID INJURY OCCUR?
no			m.		none

22. I hereby certify that I attended the deceased from June 15, 1948, to Feb 17, 1949, that I last saw the deceased alive on Feb 16, 1949, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C R Loy Jr	MD	Centreville, Md	Feb 18, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-21-49	Centreville	Centreville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-18-49	Edgar L. Lane	Edgar L. Lane	Church Hill

RECEIVED
MAR 4 1949
BUREAU V. S.

01961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 332

CERTIFICATE OF DEATH 83

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Wittman (Middle) (Last) White

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 7. 1877

9. AGE Last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wyel T. White

14. MOTHER'S MAIDEN NAME: C. Goodhard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Bertha E. White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) cerebral thrombosis and embolism	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis (general)	about 10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): /

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: / (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: / /

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: /

22. I hereby certify that I attended the deceased from May 10, 1947, to Febr. 8, 1949, that I last saw the deceased alive on Febr. 8, 1949, and that death occurred at 1.30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Theodor Sattelmaier M.D. — ADDRESS: Stevensville — DATE SIGNED: Febr. 9. 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-10-49 — NAME OF CEMETERY OR CREMATORY: Stevensville — LOCATION (City, town, or county) (State): Stevensville Md

DATE REC'D BY LOCAL REGISTRAR: Feb. 11, 1949 — REGISTRAR'S SIGNATURE: Elizabeth Porter

24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill

VS. A15

RECEIVED
FEB 16 1949
BUREAU V. S.